

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for date of service 1-10-02.
- b. The request was received on 5-24-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. Response to a Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 7-5-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 7-10-02. The response from the insurance carrier was received in the Division on 7-22-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information Submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 6-13-02:

"The above-mentioned code is used to improve the quality of Dr.'s diagnosis, enabling him to localize the location and extent of the lumbar and/or sacral nerve injury. The above patient suffers from a mild broad-based disc bulge and with this test the doctor is able to determine the level of the patient's lumbar spinal injury and more accurately determine the severity of the injury...According to the Texas Workers' Compensation Commission Fee Guidelines CPT codes 95904 is payable at \$64 for 'each nerve.' Additionally, TWCC has stated, 'Current Perception Threshold Testing is a

diagnostic tool used for the quantitative measure of the functional integrity of sensory nerve fibers. CPT is considered Nerve Conduction Study and is therefore included in the Spinal Treatment Guidelines.’ Therefore, all additional eight nerves tested should be paid for at the MAR\$.”

2. Respondent: Letter dated 7-22-02:

“This dispute involves DOS 1/10/02, CPT Code 95904-76. Carrier paid \$384.00 for six nerve tests in accordance with CPT 95904. The Provider billed \$512.00. This CPT Code is for a nerve conduction study and is paid per nerve according to the *MFG*, page 58. The Provider is billing for Sensory Nerve Conduction Threshold (sNCT) which involves the quantification of the sensory threshold of sensory nerves, *i.e.*, sensory nerve conduction testing. The documentation shows that the provider tested different nerve branches of these nerves as well as repeat testing of these nerves, where the code is per nerve; Carrier paid for six nerve studies and six nerve studies only per the *Guideline*.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 1-10-02.
2. The Carrier has denied the disputed services as reflected on the EOB as, “F – FEE GUIDELINE MAR REDUCTION DOCUMENTATION SUBMITTED DOES NOT SUPPORT THE REPEAT STUDIES OF THE NERVES FOR 8 EXTRA TIMES”;
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
1-10-02	95904-76 95904-76 95904-76 95904-76 95904-76 95904-76 95904-76	\$64.00 \$64.00 \$64.00 \$64.00 \$64.00 \$64.00 \$64.00	\$-0- \$-0- \$-0- \$-0- \$-0- \$-0- \$-0-	F F F F F F F	\$64.00 each nerve	MFG; Medicine Ground Rules (IV) (D); CPT Descriptor	<p>The Carrier has denied the disputed services as “F”. CPT Code 95904 is defined as “Nerve conduction, velocity and/or latency study; sensory, each nerve”.</p> <p>The “NERVE CONDUCTION SENSORY SE-CPT EXAMINATION” supports that 7 nerves were tested. The nerves tested were the (L-1 Upper Lumbar N, L-2 Lat. Femoral Cut N, L-3 Femoral Cut N, L-4 Saphenous N, L-5 Peroneal N, S-1 Sural N, S-2 Post Femoral Cut).</p> <p>The “Electrodiagnostic Examination Report” was dated 1-14-02 and cannot be considered as supportive documentation for the date of service in dispute, 1-10-02. The EOB indicates that the Carrier has reimbursed the provider for 6 nerves for date of service 1-10-02.</p> <p>Therefore, reimbursement is recommended in the amount of \$64.00.</p>
Totals		\$512.00	\$-0-				The Requestor is entitled to reimbursement in the amount of \$64.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$64.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 2nd day of October 2002.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division

LL/ll